

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Sep 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64108 (9)

1. Corporation Name
INTERNATIONAL PLANNING & RESEARCH, INC.



Principal Place of Business
123 LAKESHORE DR. APT. 1945
NORTH PALM BEACH FL 33408

Mailing Address
123 LAKESHORE DR. APT. 1945
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 18 ROSSSETTI Gdns DANBURY
Suite, Apt. #, etc.
22 FLOOD STREET
23 LONDON
Zip
24 SW35QY
Country
25 ENGLAND

2a. Mailing Address
26 P O Box 374
Suite, Apt. #, etc.
27 84 MORRIS AVENUE
City & State
28 GOLD SPRING NY
Zip
29 10516
Country
30 USA

3. Date Incorporated or Qualified
02/08/1989
4. FEI Number
65-0176980
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, JAN
123 LAKESHORE DRIVE
#1945
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name DANIEL CORBETT
82 Street Address (P.O. Box Number is Not Acceptable)
LOGGERSHEAD PLAZA
83 14253 US HIGHWAY ONE
84 City JUNO BEACH FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept as obligatory, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 9/8/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, JEREMY C			1.2 NAME	ALLEN, JEREMY C		
STREET ADDRESS	123 LAKESHORE DR. #1945			1.3 STREET ADDRESS	P.O. Box 374		N/A
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			1.4 CITY-ST-ZIP	GOLD SPRING NY 10516		
TITLE	TS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, JAN			2.2 NAME	ALLEN, JAN		
STREET ADDRESS	123 LAKESHORE DR., #1945			2.3 STREET ADDRESS	P.O. Box 374		N/A
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			2.4 CITY-ST-ZIP	GOLD SPRING NY 10516		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* J. C. Allen President 7/1/98 917 991 9047

CR2E034 (10/97)